Image# 12971414835 PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Author	nzea Committee	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
PHARMACEUTICAL CAR	RE MANAGEMENT ASSOC	CIATION POLITICAL ACT	ION COMMITTE	E (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVANIA AVENUE	NW STE 740		
Check if different than previously reported. (ACC)	WASHINGTON		DC 200	004
2. FEC IDENTIFICATION N	UMBER ▼ CITY A	\	STATE A	ZIP CODE ▲
C C00388819	3. IS TI		AMENDE (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On: Mar 20	(M3) Jun 20 (M6)	Aug 20 (M8 Sep 20 (M8 Oct 20 (M1	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C	PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (Y	Floation	n	Y . Y . Y . Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n	Y = Y = Y	in the State of
5. Covering Period 04		through 06		2012
certify that I have examined th	nis Report and to the best of my	knowledge and belief it is tru	ue, correct and comp	olete.
Type or Print Name of Treasure	er Jonathan Heafitz			
Signature of Treasurer Jona	than Heafitz	[Electronically Filed]		13 2012
NOTE: Submission of false, erron	neous, or incomplete information m	ay subject the person signing t	his Report to the pena	alties of 2 U.S.C. §437g.
Office Use			FE	EC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand January 1, 2012		30128.21
	(b) Cash on Hand at Beginning of Reporting Period	30628.21	
	(c) Total Receipts (from Line 19)	25170.00	40170.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55798.21	70298.21
' .	Total Disbursements (from Line 31)	24750.00	39250.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31048.21	31048.21
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

R	eport Covering the Period: From: 04	01 2012 To:	06 30 / 2012				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other	,					
	Than Political Committees (i) Itemized (use Schedule A)	4780.00	9780.00				
	(ii) Unitemized(iii) TOTAL (add	390.00	390.00				
	Lines 11(a)(i) and (ii)▶	5170.00	10170.00				
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	20000.00	30000.00				
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	25170.00	40170.00				
	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00				
16.	Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00				
17.	Political Committees Other Federal Receipts	0.00					
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00				
	(from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	25170.00	40170.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	25170.00	40170.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati Teat-10-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures(c) Total Operating Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	24750.00	39250.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use Scriedule F)	7	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
Ī		0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00				
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
-					
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6) (i) Federal Share	0.00	0.00			
(i) I cociai chare	7 7				
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Dishamon and Addition 2011 20					
Total Disbursements (add Lines 21(c), 22,	04750.00				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24750.00	39250.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	24750.00	39250.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	25170.00	40170.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25170.00	40170.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

-	NUMBER	: PAGI	E 6 OF	18
(check on	ly one)			
X 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANA	AGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) Kristin Bass		Date of Receipt
Mailing Address 812 N. Jackson Street		05 24 2012
City	State Zip Code	Transaction ID : SA11AI.4922
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	
PCMA	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Tim Brogan		Date of Receipt
Mailing Address 2301 Columbia Pike		05 24 2012
City	State Zip Code	Transaction ID : SA11AI.4933
Arlington	VA 22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	520.00
Name of Employer	Occupation	
PCMA	AVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate •	
Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		05 24 2012
City	State Zip Code	Transaction ID : SA11AI.4929
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer	Occupation	
PCMA	Assist VP State Affairs and GC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Teal to Date ▼	
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional).		3280.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	:	7	OF	18		
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGE	EMENT ASSOCIATION POLITICAL AC	CTION COMMITTEE (PCMA PAC)
١.	Full Name (Last, First, Middle Initial) Jerome Steffl Mailing Address 1401 N. Oak Street, #990		Date of Receipt
	City	State Zip Code	05 24 2012 Transaction ID : SA11AI.4937
	Arlington	VA 22209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1500.00
	Name of Employer PCMA	Occupation VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
3.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address	M = M / D = D / Y = Y = Y	
	City	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
).	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		1500.00
Т	OTAL This Period (last page this line number o	only)	4780.00

S 17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 18 (check only one) 11a 11b X 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGE	GEMENT A	SSOCIATION POLITICAL	. ACTION COMMITTEE (PCMA PAC)				
Full Name (Last, First, Middle Initial) AETNA INC. POLITICAL ACTION Co Mailing Address 20 F STREET, N.W.	OMMITTEE		Date of Receipt				
SUITE 350 City	State	Zip Code	06 12 2012 Transaction ID : SA11C.4918				
WASHINGTON	DC	20001	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0181826	5000.00				
Name of Employer	Occupation	1					
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-bate V						
Full Name (Last, First, Middle Initial) B. CVS/CAREMARK CORPORATION	Full Name (Last, First, Middle Initial) CVS/CAREMARK CORPORATION EMPLOYEES PAC						
Mailing Address 1300 EYE STREET, NW SUITE 525W		06 22 Y 2012					
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.4913 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0384818	5000.00				
Name of Employer	lame of Employer Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00					
Full Name (Last, First, Middle Initial) C. UNITED HEALTH PAC	I		Date of Receipt				
	Mailing Address 6214 WEDGEWOOD ROAD						
City BETHESDA	State MD	Zip Code 20817	Transaction ID : SA11C.4911 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0321844	5000.00				
Name of Employer	Occupation	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00					
SUBTOTAL of Receipts This Page (optional)			15000.00				

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		FOR LINE NUMBER:						9	OF		18
Use separate schedule(s) for each category of the	(check only one)										
Detailed Summary Page	L	11a		11b	X	11c		12	_		
, 3		13		14		15		16			17
Detailed Summary Page				1							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) WELLPOINT, INC. WELLPAC Date of Receipt Mailing Address 120 MONUMENT CIRCLE 04 2012 25 City Zip Code State Transaction ID: SA11C.4905 **INDIANAPOLIS** IN 46204 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00197228 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. WELLPOINT, INC. WELLPAC Date of Receipt Mailing Address 120 MONUMENT CIRCLE 06 12 2012 City State Zip Code Transaction ID: SA11C.4907 **INDIANAPOLIS** IN 46204 Amount of Each Receipt this Period FEC ID number of contributing C00197228 2500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 20000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Llon nemovote selectivity	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	Oncok only	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG			
Full Name (Last, First, Middle Initial)			
A. ANDREWS FOR CONGRESS			Date of Disbursement
Mailing Address 215 FOURTH AVENUE			05 31 2012
City	State Zip Code		Transaction ID : SB23.4848
HADDON HEIGHTS	NJ 07076		11a115a0tiOi1 ID . 3D23.4040
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name ROBERT E. MR. ANDREWS		Category/	500.00
	rsement For: 2012	Туре	
Senate President	Primary General Other (specify) ▼		
State: NJ District: 01			
Full Name (Last, First, Middle Initial) B. BERG FOR SENATE			Date of Disbursement
DENOTION SENATE			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 9394			06 28 2012
City FARGO	State Zip Code ND 58106		Transaction ID : SB23.4899
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	
RICHARD A BERG		Туре	1500.00
Office Sought: House Senate President State: ND District: 00	rsement For: 2012 Primary		
Full Name (Last, First, Middle Initial)			
C. DIANE L MRS. BLACK			Date of Disbursement
Mailing Address 819 PLANTATION BOULEVAR	RD		05
City	State Zip Code		Transaction ID - SP22 4922
GALLATIN	TN 37066		Transaction ID : SB23.4822
Purpose of Disbursement			Amount of Early Birl
Candidate Name	20	Category/	Amount of Each Disbursement this Period 1000.00
DIANE BLACK FOR CONGRES Office Sought: House Disbu		Туре	1000.00
Senate President	rsement For: 2012 Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (option	al)	·····•	3000.00
TOTAL This Period (last page this line number of	only)		
TOTAL THIS I CHOU (last page this line humber (,, ,, y ,		

SCHEDULE B (FEC Form 3X)	Hoo company to the	dula/a\ I	NUMBER: PAGE 11 OF 18
TEMIZED DISBURSEMENTS	Use separate scher for each category of Detailed Summary	of the Concor on	
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM		•	
Full Name (Last, First, Middle Initial)			
MARSHA MRS. BLACKBURN Mailing Address 6103 MURRAY LANE			Date of Disbursement 06 27 2012
BRENTWOOD	State Zip Code TN 37027	e	Transaction ID : SB23.4896
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period
MARSHA BLACKBURN FOR CON	NGRESS, INC.	Category/ Type	250.00
	ment For: 2012 Primary Ger Other (specify)		
Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC			Date of Disbursement
Mailing Address 30 SOUTH 15TH STREET SUITE	E 400		06 07 2012
PHILADELPHIA	State Zip Code PA 19102	е	Transaction ID : SB23.4878
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name ROBERT P JR CASEY		Category/ Type	500.00
	ment For: 2012 Primary		
Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS			Date of Disbursement
Mailing Address 2203 EASTLAND DRIVE			05 16 2012
City BLOOMINGTON	State Zip Code IN 61704	e	Transaction ID : SB23.4834
Purpose of Disbursement			
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period 1000.00
Candidate Name	ment For: 2012 Primary Ger Other (specify) ▼	Category/ Type	

SCHEDULE B (FE	C Form 3X)				OR LII	NE NII	JMBER:				PAGE	12 (OF 18
TEMIZED DISBURSEMENTS		Use separate schedule(s)	(check only			NOMBELL.							
	<u></u>		category of the Summary Page		2	1b	22	لنا	23	2	4	25	26
					2	7	28a	2	28b	2	8c	29	30k
Any information copied from or for commercial purposes,													
NAME OF COMMITTEE	(In Full)												
PHARMACEUTICA	CARE MANAGEM	ENT AS	SOCIATION F	POLIT	ICAL	_ AC	TION	COM	IΜI	ГТЕЕ	(PC	MA P	AC)
Full Name (Last, First, Mi	,												
A. BRIAN BILBRAY	FOR CONGRES	S 					Date of		ourse		Y	Y	Υ
Mailing Address 970 SEA							06		07	7	2	2012	
City	9	State CA	Zip Code				Trans	sactio	n ID	: SB2	3.4866		
IMPERIAL BEACH Purpose of Disbursement		CA	91932										
							Amoun	t of E	ach	Disbu	rsemer	nt this	Period
Candidate Name BRIAN PHILLIP E					egory/ ype			. ,			,	1000	0.00
S		nent For: Primary Other (spe	X General										
State: CA District	: 52												
Full Name (Last, First, Mi	ddle Initial)												
B. ANN MARIE BUE	RKLE						Date of	_	ourse		Y	Y	Y
Mailing Address 3779 UN	IDERWOOD WAY						05]	09	_		2012	
City SYRACUSE	5	State NY	Zip Code 13215				Trans	sactio	n ID	: SB2	3.4808	1	
Purpose of Disbursement						1	Amoun	t of E	ach	Disbu	rsemer	nt this	Period
Candidate Name			_	Cate	egory/						-	250	2.00
ANN MARIE BUE					ype						7	250	0.00
Se	enate X resident	nent For: Primary Other (spe	General										
Full Name (Last, First, M	ddle Initial)												
C. CASTRO FOR C	ONGRESS						Date o	_	ourse	_	V	YY	V
Mailing Address PO BOX	544						05		16			2012	
City SAN ANTONIO	Ş	State TX	Zip Code 78292				Trans	sactio	n ID	: SB2	3.4828		
Purpose of Disbursement		17	70292										
							Amoun	t of E	ach	Disbui	rsemer	nt this	Period
Candidate Name JOAQUIN MR. C	ASTRO				egory/		_	-	_	_		1000	0.00
		ment For:	2012	- 1	уре		-	7	_		7		
S	enate resident	Primary Other (spe	General										
State: TX District	20												
SUBTOTAL of Disbursement	nts This Page (optional))	•		,			,	2250	.00
TOTAL TI: D : 1 // .	ge this line number only)												

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	IENT ASSOCIATION I	POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			
TREY GOWDY			Date of Disbursement
Mailing Address PO BOX 3324			06 29 2012
City SPARTANBURG	State Zip Code SC 29304		Transaction ID : SB23.4902
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name TREY GOWDY FOR CONGRESS		Category/	750.00
	ment For: 2012 Primary	Туре	
Full Name (Last, First, Middle Initial) 3. SAMUEL B 'SAM' GRAVES Mailing Address 110 SOUTH 10TH STREET			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TARKIO	State Zip Code MO 64491		Transaction ID : SB23.4852
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name GRAVES FOR CONGRESS		Category/ Type	500.00
	ment For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE	INC		Date of Disbursement
Mailing Address PO BOX 900427			05 24 2012
City SANDY Purpose of Disbursement	State Zip Code UT 84090		Transaction ID : SB23.4836
Candidate Name			Amount of Each Disbursement this Period
ORRIN G HATCH		Category/ Type	1000.00
Senate President	ment For: 2012 Primary		
State: UT District: 00			
SUBTOTAL of Disbursements This Page (optional)		·····•	2250.00
TOTAL This Period (last page this line number only)		

	Use separate schedule	(s) FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	e (oncok only	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	•		
Full Name (Last, First, Middle Initial)			
Mailing Address 7643 EAST U.S. 36			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AVON	State Zip Code IN 46123		Transaction ID : SB23.4845
Purpose of Disbursement	40120		Amount of Each Disbursement this Period
Candidate Name THEODORE EDWARD ROKITA		Category/ Type	1500.00
	ment For: 2012 Primary		
Full Name (Last, First, Middle Initial) B. RICHARD LANE JR HUDSON Mailing Address as SERVIN SERVIN			Date of Disbursement
Mailing Address 86 SPRING ST NW			04 24 2012
CONCORD	State Zip Code NC 28025		Transaction ID: SB23.4802
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name HUDSON FOR CONGRESS		Category/	1000.00
Office Sought: House Disburse	ment For: 2012 Primary Genera Other (specify) ▼	Type	
Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 201	2		Date of Disbursement
Mailing Address 700 13TH STREET NW SUITE 600			06 27 2012
SUITE 600 City WASHINGTON	State Zip Code DC 20005		
SUITE 600 City WASHINGTON Purpose of Disbursement Candidate Name	·	Category/	06 27 2012
SUITE 600 City WASHINGTON Purpose of Disbursement Candidate Name CLAIRE MCCASKILL	·	Туре	Transaction ID : SB23.4893 Amount of Each Disbursement this Period

Any information copied from such Reports and Statements row for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT AND PHARMACEUTICAL CARE MANAGEMENT AND MIKE MCINTYRE FOR CONGRESS Mailing Address P.O. BOX 1 City State LUMBERTON NC Purpose of Disbursement Candidate Name MIKE REP. MCINTYRE Office Sought: House Senate Disbursement For Details and Statements of Disbursement For Disbursement For Disbursement For Disbursement For Details and Statements of Disbursement For Disbursement For Disbursement For Details and Statements of Details and D	Zip Code 28359	21b 27 used by any persocical committee to	y one) 22 X 23 24 25 26 28a 28b 28c 29 36 son for the purpose of soliciting contributions of solicit contributions from such committee.
r for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT Full Name (Last, First, Middle Initial) - MIKE MCINTYRE FOR CONGRESS Mailing Address P.O. BOX 1 City State LUMBERTON NC Purpose of Disbursement Candidate Name MIKE REP. MCINTYRE Office Sought: House Senate Primar Other State: NC District: 07 Full Name (Last, First, Middle Initial) - MIKE THOMPSON FOR CONGRESS Mailing Address 5429 MADISON AVENUE City State City State City State CA Purpose of Disbursement Candidate Name MIKE MR. THOMPSON Office Sought: House Disbursement For Candidate Name MIKE MR. THOMPSON Office Sought: House Disbursement For Candidate Name MIKE MR. THOMPSON Office Sought: House Disbursement For Candidate Name	Zip Code 28359 or: 2012 ry General (specify) Zip Code	POLITICAL A	Date of Disbursement Amount of Each Disbursement this Period Date of Disbursement Transaction ID: SB23.4881 Amount of Each Disbursement this Period Date of Disbursement 1000.00
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SACRAMENTO CA Purpose of Disbursement Candidate Name MIKE MR. THOMPSON Office Sought: House Disbursement Fo			Transaction ID : SB23.4860
Candidate Name MIKE MR. THOMPSON Office Sought: House Disbursement Fo			
MIKE MR. THOMPSON Office Sought: House Disbursement Fo			Amount of Each Disbursement this Period
Office Sought: House Disbursement Fo		Category/ Type	1000.00
President Other		71.	
State: CA District: 05 Full Name (Last, First, Middle Initial)			
· FRANK JR PALLONE			Date of Disbursement
Mailing Address 1187 OCEAN AVENUE			06 04 2012
City State LONG BRANCH NJ	Zip Code 07740		Transaction ID : SB23.4863
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name PALLONE FOR CONGRESS		Category/ Type	2500.00
Office Sought: House Disbursement Fo		Турс	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 18			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	THO MIDELLE.			
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26			
	Dotailou Outilitiary i age	27	28a 28b 28c 29 30b			
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or for commercial purposes, other than using the na	me and address of any political	al committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	IENIT A 00001	0.17.0	OTION COMMITTEE (22222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
$ \; angle$ PHARMACEUTICAL CARE MANAGEN	IENT ASSOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)			
Full Name (Last, First, Middle Initial)						
A. THOMAS WII REED			Date of Disbursement			
THOMAS WILKELD			M M / D D / Y Y Y Y			
Mailing Address 221 WASHINGTON STREET			05 09 2012			
City	State Zip Code		Transaction ID : SB23.4825			
CORNING Purpose of Disbursement	NY 14830					
rulpose of Disbulsement			Amount of Each Disbursement this Period			
Candidate Name		Cotomora	The state of the s			
TOM REED FOR CONGRESS		Category/ Type	1000.00			
Office Sought: House Disburse	ment For: 2012					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Dishurasment			
B. ALLYSON Y. SCHWARTZ			Date of Disbursement			
Mailing Address P.O. BOX 2232			06 27 2012			
			Ç0			
City	State Zip Code		Transaction ID : SB23.4890			
JENKINTOWN	PA 19046					
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name			Amount of Each disbursement this Fellou			
ALLYSON SCHWARTZ FOR CON	IGRESS	Category/ Type	1000.00			
	ment For: 2012	.,,,,,	,			
Senate	Primary					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			B (B)			
C. STIVERS FOR CONGRESS			Date of Disbursement			
Mailing Address 4679 WINTERSET DRIVE			06 07 2012			
Mailing Address 46/9 WINTERSET DRIVE			00 07 2012			
City	State Zip Code		Transaction ID - CD02 4074			
COLUMBUS	OH 43220		Transaction ID : SB23.4874			
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Period			
STEVE MR. STIVERS		Category/	500.00			
	ment For: 2012	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: OH District: 15	· 					
		'				
SUBTOTAL of Disbursements This Page (optional).			2500.00			
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 17 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
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NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PO	OLITICAL AG	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			
A. STRICKLAND FOR CONGRESS 2	2012 		Date of Disbursement
Mailing Address 603 E ALTON AVE STE H			05 31 2012
City SANTA ANA	State Zip Code CA 92705		Transaction ID: SB23.4855
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name ANTHONY A STRICKLAND		Category/ Type	500.00
Senate President	nent For: 2012 Primary General Other (specify)		
State: CA District: 26			
Full Name (Last, First, Middle Initial) B. TENN POLITICAL ACTION COMN	NITTEE INC (TENN I	PAC)	Date of Disbursement
Mailing Address 228 S WASHINGTON STREET SI	UITE 115		06 11 2012
ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB23.4887
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name LAMAR ALEXANDER		Category/ Type	1000.00
Office Sought: House Disburser	nent For: 2012 Primary		
Full Name (Last, First, Middle Initial) C. JON TESTER			Date of Disbursement
Mailing Address 709 SON LANE			05 04 2012
,	State Zip Code MT 59520		Transaction ID : SB23.4813
Purpose of Disbursement Candidate Name MONTANANS FOR TESTER		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2012 Primary General Other (specify)	Туре	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			2500.00

SCHEDULE B (FEC Form 3X)	Hee consists asked (FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page) (check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN			
Full Name (Last, First, Middle Initial)			Data of Diskumanust
A. PATRICK J. TIBERI Mailing Address 6830 MAHOGANY DRIVE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GALENA	State Zip Code OH 43021		Transaction ID : SB23.4884
Purpose of Disbursement	43021		
·			Amount of Each Disbursement this Period
Candidate Name TIBERI FOR CONGRESS		Category/ Type	500.00
Office Sought: House Disburse Senate President State: District:	ment For: 2012 Primary		
Full Name (Last, First, Middle Initial)			
B. RICHARD R. TISEI			Date of Disbursement
Mailing Address 703 MAIN ST.			05 30 2012
WAKEFIELD	State Zip Code MA 01880		Transaction ID : SB23.4839
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
TISEI CONGRESSIONAL COMMI Office Sought: House Disbursei	ment For: 2012	Туре	
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Data of Dishursoment
C. VOLUNTEERS FOR SHIMKUS			Date of Disbursement
Mailing Address PO BOX 661			05 17 2012
City COLLINSVILLE	State Zip Code IL 62234		Transaction ID : SB23.4831
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
JOHN M SHIMKUS		Type	1000.00
Office Sought: House Senate President State: IL District: 15	ment For: 2012 Primary		
			2500.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	
TOTAL This Period (last page this line number only)		24750.00